

**OFFICIAL PARKING PERMIT ISSUE AND RETURN**

FACILITY MANAGEMENT DIVISION OF OMB

SFN 58732 (1/08)

EMPLOYEE INFORMATION	
Department	Name
Work Phone Number	<input type="checkbox"/> Appointed <input type="checkbox"/> Elected
Approved By:	Issue Date

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Employee Signature (Responsible for permit)

VEHICLE INFORMATION	
VEHICLE MAKE:	YEAR:
LICENSE NUMBER:	PERMIT NUMBER:

VEHICLE MAKE:	YEAR:
LICENSE NUMBER:	PERMIT NUMBER:
You may list additional vehicles on back.	
Comments:	

RETURN	
Date Returned:	Received By:
Reason for return:	

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Employee Signature (Responsible for permit)